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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

MEDNEWS is a weekly compendium of news and information contributed by commands throughout the Navy Medical department. Information contained in MEDNEWS stories is not necessarily endorsed by BUMED, nor should it be considered official Navy policy.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: U. S. military medical teams conduct rotations through East Timor

By Captain Denise Shorb, United States Support Group East Timor

DILI, East Timor - A preventive medicine team from Naval Base Pearl Harbor, Hawaii, began teaching classes in water sanitation and food safety procedures to local restaurateurs here June 12.

The team will also teach classes in infection control to healthcare workers, and a "Healthy Children Keep Everyone Healthy" course to teachers and students at a local school, throughout the month of June.

According to HM3 Oliver Bascon, a preventive medicine technician, the courses teach a variety of important techniques for improving personal hygiene and promoting disease prevention.

"We're teaching the restaurant owners and cooks the proper temperature at which to cook food, as well as proper refrigeration techniques," said Bascon. "And, by teaching correct water sanitation procedures, we hope to decrease the spread of waterborne diseases."

The head of the team, Lt. Mike Kubler, said the significance of the healthy children course is how it is designed to teach not only the teachers, but the children as well, about general hygiene, how diseases are transmitted, and mosquito control.

"Starting with the children helps to build a strong foundation for teaching others," he said. "By teaching the children, the learned attitudes can be passed along to the entire family."

Demonstrations and hands-on activities will aid in the learning process. Instructions translated into Tetun, the local language, will also be provided to all participants in these classes.

Since March, U.S. military dental teams and veterinarians have visited Dili, carrying out the medical mission of the United States Support Group, East Timor. A U.S. Air Force biochemical engineer also arrives this week, to test the local water supply.

Throughout June and July, another dental team, an optometry team and an ophthalmologist will visit to provide oral and eye surgery.

The optometry team will bring in an "eyeglass factory" to make eyeglasses. According to Lt. Loren Locke, the USGET medical planner, there are no optometrists or ophthalmologists in East Timor, and therefore vision correction has been nearly impossible.

"During the unrest, virtually everyone who had glasses had them taken away, and broken," said Locke. "Anyone who wears glasses knows that being without them is an unbearable hardship. Being able to provide glasses will not only improve individual morale, but community morale as well."

The U. S. military has been an active participant in the rebuilding of East Timor. Several U.S. military units have rotated through Dili, rebuilding schools and churches, repairing water towers, and building desks and chairs.

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Headline: President nominates new Navy Medicine Admirals

WASHINGTON - Secretary of Defense William S. Cohen

announced Tuesday that the President has nominated four Navy officers for promotion to rear admiral (lower half).

Congratulations to Clinton E Adams, Commanding Officer, Naval Hospital, Naples, Italy; Steven E. Hart, Assistant Chief, Operational Medicine And Fleet Support, Bureau of Medicine and Surgery, Washington, D.C. and John M. Mateczun, Commanding Officer, Naval Hospital, Charleston, S.C., of the Medical Corps and Dennis D. Woofter, Commanding Officer, Naval Dental Center Southwest, San Diego, Calif., of the Dental Corps.

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Headline: RIMPAC 2000 putting medical technology to practice, saving lives
From the Bureau of Medicine and Surgery

WAIMEA, Hawaii - For the first time in its 30-year history the multi-national maritime exercise Rim of the Pacific (RIMPAC) 2000 included a realistic humanitarian assistance exercise called "Strong Angel."

The scenario conducted June 10-15 on the north central section of Hawaii set up an environment featuring a refugee camp constructed in response to a simulated humanitarian disaster in an effort to uncover new ways to better respond to real-world disaster situations.

"We need to get better at humanitarian actions because in today's world amphibious assaults only partially reflect what the Navy now has to do," said 3rd Fleet Surgeon Lt. Cmdr. Eric Rasmussen.

Invited to the exercise was a host of non-military organizations such as the United Nations, the World Food Organization, the Red Cross and several civilian medical research teams.

An integral part of Strong Angel was testing new biomedical technologies and communications systems designed to meet needs created by past disasters.

During the exercise several communications links were established using ham radio bands and the Internet. A commercial satellite video and voice link was used for telemedicine consultations with doctors and other experts through a communication hub at East Carolina University in Greenville, N.C. The satellite also allowed six countries to hold videoconferences with the "refugee camp."

Also tested was a space-age bionic glove that used special biosensors that allowed a corpsman or a medic in the field to lay a hand on a patient and instantaneously gather vital statistics, such as blood pressure, pulse, oxygen level in the blood, temperature and electrocardiogram. That information was recorded on a computer then transmitted via the Internet using a web browser.

Another medical innovation that was evaluated allowed a doctor through a videoconference call to conduct a medical examination on a patient at a remote site while the medic wore

a special headset that contained a video camera, allowing the doctor and the medic to see the same thing simultaneously.

Officials will take many of the lessons learned from Strong Angel and use them when aboard deployed Naval Hospital ships.
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Headline: New hospital inspection process takes less time
By Earl W. Hicks, Bureau of Medicine and Surgery
Lt. Cmdr. Mark Albrecht, MSC, contributed to this story.

WASHINGTON - Navy Medicine improved its facilities quality review process April 12 by establishing a dual inspection process with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

Both the Medical Inspector General's office of the Bureau of Medicine and Surgery and JCAHO have historically evaluated similar areas during their separate inspections of Navy medical facilities. To become more efficient in their inspections, the organizations have formed a partnership that will cut back on this redundancy and allow the inspection teams, as well as the naval medical facilities themselves, to operate more productively.

"We now perform a joint inspection that eliminates redundant activities and minimizes disruption to our commands in preparation and inspection activities," said Rear Adm. J. Philip VanLandingham, MSC, Navy medical inspector general. "We are sending fewer people for a shorter duration and working hand-in-hand with the JCAHO surveyors to help them understand the intricacies of Navy Medicine."

One of the guiding principles of Navy Medicine is to use best business practices for providing healthcare and operating medical facilities. Best practices include knowing when to adjust facility inspections.

"This is also in keeping with the Chief of Naval Operations' initiative to reduce administrative burdens and excess inspections on our commands," said Vice Adm. Richard A. Nelson, Navy Surgeon General.

The new process will be a time-saving adjustment for the medical facilities.

"We think the change is wonderful," said Capt. Gregg Parker, MC, commanding officer of Naval Hospital Bremerton, Wash. This merger will reduce the amount of redundant preparation for inspections. We are delighted the Medical Inspector General is using the Malcolm Baldrige criteria for the process. We also use those criteria and look forward to the inspector general visit as an opportunity to learn and grow as a command."

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Headline: TRICARE question and answer

Question: My PCM refuses to provide a referral for services I believe I need. What do I do?

Answer: The TRICARE Prime program has provisions for second opinions. If you feel that the diagnosis or treatment plan may not be correct, you can request that your Primary Care Manager refer you out for a second opinion. Additionally, if you are dissatisfied with your Primary Care Manager (PCM), you can request assignment to another PCM. If you are still not satisfied, you can file a complaint or grievance regarding the non-availability of service decision to the MTF Commander or Regional Lead Agent. Finally, you have the option of using the Point-of-Service option under Prime. A retroactive reimbursement may be an option through a successful appeal process.

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Headline: Navy medical team keeps Blue Angels healthy
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. - They are a medical team working with one of the most popular flight teams in the Navy, yet these health care providers can be found turning a wrench or checking a hydraulic line as well as dispensing pills or taking a temperature.

They are the doctor and hospital corpsmen assigned to the Blue Angels flight demonstration team. Their medical practice is different than other medical commands.

"Because they scream across the sky at supersonic speeds, seemingly scraping the paint off each others aircraft, we must keep them as healthy as we can all the time," said Flight Surgeon Lt. Cmdr. Pat McMahon, MC, who goes where the Blues go during the 9-month show season.

McMahon is joined by one of two hospital corpsmen on the road with the Blues show. Either Hospital Corpsman 2nd Class Corey Coldiron or Hospital Corpsman 3rd Class Jack Blaine, both specialists in aerospace medicine, travel with the team while the other remains at Pensacola to care for Blue Angels staff that don't travel.

One of the lessons he learned in Flight Surgeon Training at the Naval Operational Medicine Institute in Pensacola was to try and know the aviators from a psychological standpoint. But the bottom line is to "be a friend too," he insists, "because some people are reluctant to come to a doctor (for help), but they will come to a friend."

So, what does a corpsman know about maintaining finely-honed jets that thrill millions of people around the world?

"We don't actually do maintenance ... we assist," Coldiron said. Occasionally they assist the crew by passing a wrench or wiping the plane's windshield, among other small tasks.

But often enough, the hospital corpsmen ply their trade in a narrow, one-room medical facility inside hangar 1852 on the west-end of Naval Air Station Pensacola at Sherman Field. From their "Branch Medical Clinic Blue Angels" they keep show pilots and Marine Corps C-130 Hercules pilots and all support

staff healthy.

They perform annual physical examinations and care for the sick and injured. They also act as liaison for any dental or advanced medical care, review and update records and assist McMahon with minor surgery.

They are also responsible for keeping personnel medical readiness up-to-date, treating sick or injured staff and performing emergency medical procedures as needed.

"The pilots are the stars," said Coldiron. "We just make sure the pilots and (maintenance) crew are well, and that they can perform their mission."

But whether you are a pilot, aircrew or member of the ground crew - or the medical team, being a part of the Blue Angels is not a matter of being assigned - its earned.

"It is a great feeling to represent Navy Medicine as part of an aviation team known around the world," said McMahon. "We have a tremendous responsibility to see that these aircrews and support personnel stay healthy. The hospital corpsmen and I are proud to do that."

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Headline: Anthrax question and answer

Question: Is there any risk of cancer or mutagenesis (genetic mutations)?

Answer: In nearly 30 years of use, there is no evidence that the anthrax vaccine causes cancer or mutagenesis. As with most other vaccines or other pharmaceuticals, studies regarding carcinogenesis or mutagenesis have not been performed with anthrax vaccine. Such studies have not been performed, in large part, because in over 200 years of administering vaccines to humans, no vaccine has ever been shown to cause cancer or genetic mutations.

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Headline: Healthwatch: Website offers a way out of depression
From TRICARE Central Region

PHOENIX, Ariz. - Although nearly 80 percent of people with clinical depression can be treated successfully with medications, psychotherapy or a combination of the two, current evidence indicates that nearly two thirds of those afflicted do not seek help. The reasons range from an individual's failure to recognize that he or she has a serious, potentially dangerous condition to a fear of the continuing social stigma connected with mental illness.

In light of this, an online mental health and depression outreach program is the latest addition to Central Region/Central Source, the TRICARE Central Region web site. The Magellan Behavioral Health division of Magellan Health Services, Inc., a subcontractor to TriWest Healthcare Alliance for mental health and substance abuse services in the TRICARE Central Region, administers this specific feature of the web site.

Serious depression is an important public health problem affecting more than 19 million adults in the United States. In its various forms, clinical depression can disrupt sleeping, eating, school and work activities, the ability of mothers to care for their children, and can even lead to suicide. It is estimated that 10-15 percent of all new mothers, five percent of all children and adolescents, and as many as three percent of people over 65 years of age suffer from serious depression.

"For this reason the Mental Health/Depression Outreach feature on the TRICARE Central Region web site is a timely and valuable tool for individuals who may be reluctant or embarrassed to seek help until they learn more about their own problem or that of a loved one," said Dave McIntyre, president and chief executive officer of TriWest Healthcare Alliance.

When the TRICARE Central Region site is accessed at <http://www.triwest.com> or <http://www.region8.tricare.osd.mil>, the Magellan site may be reached by looking under the TRICARE Program heading and clicking on the button marked "Mental Health/ Depression Outreach."

From that point the pages provide beneficiaries with an overview of clinical depression, its effects and treatment. It also offers links that will enable them to assess their own conditions, learn more about the symptoms, dangers and about available treatment options and the ways to get care.

Among other easily accessed pages are those titled "Postpartum Depression," "The Depressed Child," "Let's Talk About Depression" (for adolescents), and "Help for Seniors." All offer ways to recognize and provide lists of symptoms and ways to obtain help.

The site also offers various ways to contact TRICARE Central Region professionals. All information obtained by these professionals is confidential, and this mental health/depression outreach module will be a good tool for people who may be uncomfortable about seeking help face to face.

Central Region/Central Source is the result of a unique partnering initiative between the TRICARE Central Region Lead Agent Office and TriWest. The Magellan pages are the latest addition to this integrated web site, which offers comprehensive TRICARE and health care related information to all TRICARE Central Region constituencies, while allowing both organizations to continue to manage their own content.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, at email: mednews@us.med.navy.mil; Telephone 202/762-3218, (DSN) 762-3218, or fax 202/762-3224.

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